

4489

HEREFORDSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE



ANNUAL REPORT
OF THE
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR

1966





Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29423296>

Herefordshire Education Committee

(as at 31st December, 1966).

ALDERMAN Mrs. A. M. BARNEBY, J.P.
(Chairman)

COUNCILLOR J. T. ARNETT
(Vice-Chairman)

ALDERMEN

Miss S. G. DUNNE, J.P.
D. M. HAMLEN-WILLIAMS
R. H. K. JOYCE
R. A. LOWTH

P. E. W. PERKINS
W. D. PORTER, J.P.
L. J. WEST, J.P.

COUNCILLORS

T. W. BARNES
K. W. BARTER, J.P.
W. H. BLUNDSTONE
Mrs. M. BOOTH
G. J. BOWLER
Mrs. M. BRIERLEY
W. CHINN
R. F. S. CLARKE
J. DAVIES
G. GLENTON
F. W. GREEN
Mrs. A. L. GROVES
C. W. HARRIS
J. P. HART

J. H. HAWKINS
K. V. JAMES-MOORE
W. G. JENKINS
E. H. G. MORETON
Mrs. A. J. PASKE
P. G. B. POWELL
Mrs. J. PRENDERGAST
G. W. PULLEN
G. W. RUSSELL
C. SAVIDGE
T. R. STEPHENS
Miss R. G. VIRGO
R. R. WORTHING

HEREFORD CITY COUNCIL REPRESENTATIVES

Alderman E. P. CARTER
Councillor E. W. G. BALLINGER
Councillor W. R. GRIFFIN

Councillor T. B. INGRAM
Councillor M. H. THOMAS
Councillor W. A. VOWLES

ADDITIONAL MEMBERS

Rev. W. COBLEY
Mr. H. P. ELLIOTT
Rev. C. J. GUSTERSON
Miss M. E. HIPWELL
Rev. W. O'CONNOR

Mr. W. O. PEMBURY
Rev. G. R. M. WEBSTER
Mr. H. WEBSTER
Mr. A. C. E. WESTON

SPECIAL SERVICES SUB-COMMITTEE OF THE HEREFORDSHIRE EDUCATION COMMITTEE

(as at 31st December, 1966).

Miss S. G. DUNNE, J.P.
(Chairman)

Mr. J. T. ARNETT
Mrs. A. M. BARNEBY, J.P.
Mrs. I. BOOTH
Mr. W. CHINN
Mr. J. DAVIES
Lt.-Commander G. GLENTON
Mr. F. W. GREEN

Mrs. A. J. PASKE
Mr. G. W. PULLEN
Mr. M. H. THOMAS
Miss R. G. VIRGO
Mr. W. A. VOWLES
Mr. H. WEBSTER
2 Vacancies

Ex-officio Members

Mr. T. W. BARNES
Mr. C. W. HARRIS

Mr. W. H. BLUNDSTONE
Mr. T. R. STEPHENS

Annual Report of the Principal School Medical Officer

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my twenty-first Annual Report on the School Health Service for the year 1966.

During the year careful consideration was given to a detailed report on a pilot survey in one area of the County for a modified form of medical inspection; it was finally decided to have medical examination of entrants, 11 year olds and leavers. In spite of the various alternatives I do think that the most effective way to supervise the health of the school child is to have these three routine medical examinations. A suggestion was made that the entrants examination should be at the end of the first year; administratively this would be more difficult and defects important to the teachers would not be diagnosed until the child attained 6 years. Another suggestion made was that the colour vision test should be done at 11 years and not at the leaver age—experience has shown that a proportion of children have apparent colour blindness which disappears by the time they have attained the age of 15 years; it would be unwise to worry the children and their parents unnecessarily. Although we now lay stress on the routine examination of children at the ages I have stated, each age groups seem to have its particular problems. For example at the time of the routine examinations of leavers special thought is given to their suitability or otherwise for certain types of employment. Advice at this stage can save a great deal of worry later on.

We try to find children at an early age with some defects of hearing. Routine audiometric examinations are made at school for the 6 year olds. If it were possible, it would be better to do these tests in sound proof conditions, as in a modern audiology unit. Although we do find many children this way, follow-up examinations indicate that mistakes have been made. The importance of the early discovery of loss of hearing cannot be overstressed, apart from loss of schooling, a child with some hearing loss cannot acquire a natural speaking voice unless he be given early auditory training, followed up with speech therapy.

The County Chiropodists for most of their time are engaged in work with adults but it was decided in a small way to extend this service to the school children. A surprising thing was discovered in that many children even in the 5—7 age group do require some attention to their feet. I think that all round it is now accepted that the very fact that a pilot scheme was tried out has drawn attention to the need for children to have the correct sort of socks and shoes to prevent feet defects. At first certain practical difficulties concerning the work of the chiropodists and the school nurses and physiotherapists arose but these problems soon resolved themselves.

Attention is given to the care and supervision of all categories of handicapped pupils. This requires early diagnosis, early assessment of ability left and not mere disability, prompt medical and surgical treatment, help and guidance for the parents, appropriate education and training and finally continuing supervision on leaving school.

The Department of Education and Science asked the County Council to review their existing arrangements for the co-ordination of education, health and welfare services for handicapped children and young people. We are asked to comment on the steps taken to undertake the review, changes which have been made and any problems encountered. It was decided to arrange a one day conference dealing with handicapped children and young persons; to this will be invited social workers and officials

of County Education, Health and Welfare Committees and Herefordshire Executive Council and Herefordshire Hospital Management Committee, The County Education Committee accepted the principle of admitting up to 5 handicapped children to Whitecross Nursery School, Hereford and to any other nursery schools in the future. The idea of doing this is to see that not only is a medical diagnosis made at an early age, but also the child's education and social future can be considered even before entering school. The Youth Employment Officer will arrange case conferences for a handicapped child if necessary before the child actually reaches school leaving age. The underlying principle of these various administrative arrangements is to see that the various services all work to one end—the benefit of the handicapped child.

We find our mobile dental units are of very great value in the rural areas, particularly when the children live too far from the local general dental practitioner. They produce a definite saving in school time as well as a better attendance rate.

The amount of health education by the staff of the County Health Department has steadily increased during the year. More schools ask for short series of talks on subjects of a health education nature and an even greater number ask for visual aids of one kind or the other.

Originally the function of the School Health Service was mainly to ensure that the children were well enough to benefit from the education provided but a study of the body of the Report will show that the Services are now far more extensive. In my visits to the schools at no time do I remember the children looking healthier—and happier. It seems that our efforts are well rewarded.

I have pleasure in expressing my thanks to all members of the staff, professional and lay, for their conscientious work during the year. Also I would give my sincere thanks to the Chairman and members of the County Education Committee for their continued help and encouragement.

Yours faithfully,

J. S. COOKSON,

Principal School Medical Officer.

STAFF

Principal School Medical Officer—

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

Deputy Principal School Medical Officer—

*I. F. MACKENZIE, M.D., D.P.H., D.T.M. & H.

School Medical Officers—

VIVIEN P. HELME, M.B., Ch.B., D.(Obst.), R.C.O.G.

*W. HOGG, M.B., B.S., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

H. KENT, M.B., Ch.B., D.(Obst.), R.C.O.G.

*G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer—

O. S. BENNETT, L.D.S., R.C.S.ENG.

School Dental Officers—

†MISS F. E. BAILEY, B.A., B.D.Sc.

W. T. G. PHILIPPS, L.D.S. (resigned 13/4/66).

A. G. DAVIDSON, L.D.S., R.C.S.(EDIN.) (appointed 1/11/66).

Educational Psychologist—

MISS E. A. BONNIFACE, B.A.

Social Worker—Child Guidance—

MRS. M. A. CONIUM, S.R.N., S.C.M., H.V. (seconded full-time from nursing staff).

Peripatetic Teacher of the Deaf—

MISS M. WENSLEY, (appointed 20/4/66).

Speech Therapists—

MRS. J. A. BOWLER, L.C.S.T.

MISS K. A. MEREDITH, L.C.S.T.

School Physiotherapists—

MISS A. E. JONES, M.C.S.P.

†MRS. B. J. BALL, M.C.S.P.

Audiometrician—

†MISS L. THOMAS.

Superintendent Nursing Officer—

MISS E. O. ROBERTS, S.R.N., S.C.M., H.V., M.T.D.

There is a Deputy Superintendent Nursing Officer. (*one vacancy for an Assistant Superintendent Nursing Officer.*)

School Nurses—

There are 29 nurses in the rural areas who carry out school nursing as part of their generalised duties. In the urban areas there are 14 whole-time, and 1 part-time health visitor who combine school nursing with mainly maternity and child welfare duties, 7 of whom extend their services to include relief of rural areas. In Hereford City there is one part-time State Registered Nurse for school clinic and School Nursing duties.

* *Also District Medical Officer of Health.*

† *Part-time Appointment (temporary or otherwise).*

MEDICAL INSPECTION.
MAINTAINED SCHOOLS.

Primary	124	.....	.....	.....	13,311	pupils
Secondary	14	.....	.....	.....	5,857	„
Grammar	6	.....	.....	.....	2,036	„
Bi-Lateral	1	.....	.....	.....	598	„
Special	2	.....	.....	.....	86	„
Nursery	1	.....	.....	.....	35	„
TOTAL					21,923	„

Periodic medical inspections of children in the following groups were made during the year :—

1st Age Group	Entrants, i.e. children admitted for the first time to a primary school.
2nd Age Group	Secondary entrants—during their first year in the secondary school.
3rd Age Group	Leavers—during their last year in school.
Additional Periodic Inspections	The examination of eight year children was discontinued with effect from the beginning of the year.

Other Children inspected were :—

Specials	Children not due for periodic inspection but were specially presented for inspection at the request of a parent, doctor, nurse, teacher or other person. Also children born in 1958 presented for vision testing only.
Re-inspections	Children who, at a previous inspection, were found to have some defect requiring treatment or observation.

Puddleston Court Special Residential School for educationally sub-normal boys is visited every term by a school medical officer.

The Uplands Special Residential School for delicate children is visited by a school medical officer each week when a group of children is examined. This arrangement ensures that each child is seen at least twice a term and that the head teacher is able to discuss with the medical officer any child about whom she is concerned. The Principal School Dental Officer now visits once a year.

The Whitecross Nursery School is visited once each term by a school medical officer who examines all children, and by a school nurse who visits the school twice weekly.

PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1962 and later	19	19	100	—	—
1961	806	800	99.4	6	0.6
1960	11,120	1,116	99.6	4	0.4
1959	195	194	99.5	1	0.5
1958	97	97	100	—	—
1957	127	126	99.2	1	0.8
1956	58	58	100	—	—
1955	153	153	100	—	—
1954	1,089	1,085	99.5	4	0.5
1953	540	538	99.6	2	0.4
1952	211	211	100	—	—
1951 and earlier	1,597	1,594	99.9	1	0.1
TOTAL	6,010	5,991	99.51	19	0.49

Other Inspections.	Number of special inspections	.....	.....	.....	.....	617
	Number of re-inspections	.....	.....	.....	.....	1,345
	TOTAL	.....	.....	.....	.....	1,962

TABLE I.—Number of individual pupils found at periodic medical inspections to require treatment (excluding dental diseases and infestation with vermin.)

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any other condition</i>	<i>Total individual pupils</i>
1st age group	85	164	222
2nd age group	72	84	153
3rd age group	64	44	103
TOTAL	221	292	478
Additional periodic inspections	10	10	17
GRAND TOTAL	231	302	495

TABLE II.—PERIODIC MEDICAL INSPECTIONS

A return of (a) Defects found to require treatment :
(b) Defects requiring to be kept under observation but not requiring specific medical treatment.

DEFECTS OR DISEASE	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>
Skin	41	15	17	9	—	—	58	24
Eyes (a) Vision	157	332	64	112	10	21	231	465
(b) Squint	35	57	2	10	2	6	39	73
(c) Other	8	2	3	3	—	2	11	7
Ears (a) Hearing	14	126	2	13	2	15	18	154
(b) Otitis Media	4	16	1	2	—	2	5	20
(c) Other	2	4	1	1	—	—	3	5
Nose and Throat	28	106	—	8	—	—	28	114
Speech	40	73	—	4	2	13	42	90
Lymphatic glands	—	26	—	5	—	—	—	31
Heart	—	6	—	4	—	1	—	11
Lungs	9	36	—	1	—	1	9	38
Developmental (a) Hernia	5	2	2	—	—	—	7	2
(b) Other	7	37	3	2	1	—	11	39
Orthopaedic (a) Posture	6	51	1	13	2	3	9	67
(b) Feet	24	168	3	17	—	10	27	195
(c) Other	5	52	7	16	—	6	12	74
Nervous system (a) Epilepsy	2	8	1	1	—	2	3	11
(b) Other	4	9	—	4	—	1	4	14
Psychological (a) Development	8	37	—	6	1	5	9	48
(b) Stability	3	28	1	4	—	1	4	33
Abdomen	1	2	—	—	—	2	1	4
Other	2	54	—	1	—	2	2	57

TABLE III.—The following table shows the number of defects found, per 100 children examined, at periodic medical inspections.

<i>Defect or Disease</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Total</i>
Skin	0.9	0.4	1.3
Eyes	4.6	9.0	13.6
Ear, Nose and Throat	0.9	4.9	5.8
Heart	—	0.2	0.2
Lungs	0.1	0.6	0.7
Orthopaedic	0.8	4.6	5.4
Psychological	0.2	1.3	1.5
Speech	0.7	1.5	2.2
Lymphatic Glands.....	—	0.5	0.5
Developmental	0.3	0.7	1.0
Nervous System	0.1	0.4	0.5
Other	0.03	0.95	0.95

TABLE IV.—SPECIAL INSPECTIONS

A return (a) Defects found to require treatment :

(b) Defects requiring to be kept under observation but not requiring specific medical treatment.

<i>Defect or Disease</i>	<i>Number of defects requiring treatment</i>	<i>Number of defects requiring observation</i>
Skin	—	—
Eyes (a) Vision	25	27
(b) Squint	4	—
(c) Other	—	—
Ears (a) Hearing	1	7
(b) Otitis Media	—	—
(c) Other	—	—
Nose and Throat	2	—
Speech.....	1	2
Lymphatic glands	—	—
Heart	—	—
Lungs	1	—
Developmental (a) Hernia	—	—
(b) Other	—	—
Orthopaedic (a) Posture	—	—
(b) Feet	—	2
(c) Other	—	—
Nervous system (a) Epilepsy	1	1
(b) Other	—	—
Psychological (a) Development	1	—
(b) Stability	—	—
Abdomen	—	—
Other	—	—

TABLE V.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	<i>Number of cases known to have been dealt with</i>
External and other, (excluding errors of refraction and squint)	19
Errors of refraction (including squint)	1,100
TOTAL	1,119
Number of children for whom spectacles were prescribed	467

The parents of a child found with a defect of vision are offered an appointment at the Victoria Eye Hospital, Hereford, or at clinics held at Kington, Ledbury, Leominster and Ross-on-Wye. Spectacles, if required, are supplied by any optician on the Executive Council's list. Parents may if they wish arrange their own appointments through the National Health Service.

51 children are known to have received operative treatment for squint.

Forms for the replacement or repair of spectacles were issued on behalf of 295 children.

A colour vision survey was made of boys in the 3rd age group. Of 904 pupils, 70 or 7.7 per cent were found to have defective colour vision, and are divided into the following categories.

Total colour blindness (incomplete)	—
Red/Green blindness (complete)	10
Red/Green blindness (incomplete)	19
Red blindness	3
Green blindness	27
Indeterminate	11
	—
	70
	==

TABLE VIa.—DISEASES OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been treated</i>
Received operative treatment for	
(a) diseases of the ear	—
(b) adenoids and chronic tonsillitis	24
(c) other nose and throat conditions	2
Received other forms of treatment	51
TOTAL	77
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1966	12
(b) in previous years	57

Two pupils on the recommendation of the Ear, Nose and Throat Consultant, were provided with commercial type hearing aids. It is well known that although the Medresco range of aids are on the whole satisfactory for children with a flat overall hearing loss on all frequencies, there is a relatively small number of children with a high frequency loss for whom the commercial aid is considered essential.

AUDIOMETRY

Miss Thomas, Audiometrician and Hearing Aid Technician employed by the Herefordshire Hospital Management Committee, continued part time duties with the local education authority working four sessions a week testing children in schools.

Children of 6 years of age are tested as a routine measure but certain children in other age groups are also tested when requested by school medical officers, health visitors and head teachers.

A return visit continues to be made to each school after an interval of 2 or 3 weeks to re-test children who failed the test or were absent at the first visit.

The procedure whereby children who were suspected to having impaired hearing and children who had been recommended speech therapy should be tested was continued. This necessitated a considerable number of visits to scattered rural schools in order to test a small number of pupils.

Because of this, and the increase in second visits to schools, some 6 year old pupils still remain to be tested and will be seen early in 1967.

First Visit.

Age Group				Tested	Failed					No. Absent
					Right	Left	Both	Total	%Failed	
Age 6	.....	.....	.....	1,826	25	72	84	181	9.9	192
Others	.....	.....	.....	113	7	2	17	26	23.01	—
TOTAL				1,939	32	74	101	207	10.7	192

Second Visit.

<i>Age Group</i>	<i>Failures seen</i>							<i>Absentees seen</i>						
	<i>Tested</i>	<i>Failed</i>			<i>Total</i>	<i>% Failed</i>	<i>No. Absent</i>	<i>Tested</i>	<i>Failed</i>				<i>% Failed</i>	<i>No. Absent</i>
		<i>Right</i>	<i>Left</i>	<i>Both</i>					<i>Right</i>	<i>Left</i>	<i>Both</i>	<i>Total</i>		
Age 6 and Others	180	16	30	52	98	54.4	27	145	4	2	9	15	10.3	47

Particulars of children tested on account of suspected hearing impairment or requiring speech therapy.

First Visit.

Age Group	No. Tested	Failed					No. Absent
		Right	Left	Both	Total	%Failed	
Others Tested 	119	9	8	17	34	28.5	6

Second Visit.

Age Group	Failures seen				Total	% Failed	No. Absent	Absentees seen				Total	% Failed	No. Absent
	No. Tested	Failed						No. Tested	Failed					
		Right	Left	Both					Right	Left	Both			
Others tested	41	5	3	15	23	56.1	—	5	—	1	1	2	40	1

Children who failed the audiometer test were called for examination by a school medical officer and dealt with as shown below :—

Already under ear, nose and throat surgeon	.....	9
Referred to ear, nose and throat surgeon	.....	24
Referred to, or already under, own doctor	.....	—
Referred back for observation by school medical officer	.....	50
Referred back for further audiogram	.....	37
Treatment refused or failed to attend for examination	.....	5
Hearing satisfactory	.....	31
Not yet examined	.....	27
TOTAL	.....	183

Lip reading and auditory training sessions with hearing and speech training aids are held twice weekly at the Health Clinic in Heeford. Twenty-one children received instruction making between them 252 attendances during the year.

The Authority has provided a second speech training aid, and one is also held on loan from the National Deaf Children's Society. These instruments play an important part in the training of young children because they allow sound to be amplified to a greater degree than any body worn aid. Two children have been provided with commercial hearing aids, to help with specific difficulties. The parents concerned greatly appreciate this help, and both children are making good progress.

In January 1966, 7 pre-school children were being given instruction. Two of these are now making good progress and are no longer visited, and two have commenced school, but are still visited twice weekly at home. During the year, four additional children under five years of age were referred. These children are given auditory training in their own homes. The main aim of training is the understanding and acquisition of language. Parents are given help and advice so that the children can receive maximum language training and auditory stimulation.

School children are visited as soon as possible after referral, and some who need special help are seen at the clinic sessions. It is only possible to visit 2 schools regularly at present. Children who attend special residential schools are visited during their holidays. During the year 12 school children have been classified as Partially Hearing, while 6 names have been removed from the Register and 8 Partially Hearing children have left school. There are now 64 school children with hearing defects, and 12 children attending residential schools.

Number of pre-school children visited	.....	11
Number of visits made to pre-school children	.....	490
Number of school children visited	.....	55
Number of school visits.....	.....	110
Number of home visits to school children	.....	83

ORTHOPAEDIC AND POSTURAL DEFECTS.

Pupils known to have been treated :—

By the authority—at school clinics	.....	716
„ „ at schools	.....	558
At hospital out-patient departments	.....	26
		1,300

SCHOOL PHYSIOTHERAPY SERVICE.

Weekly sessions have continued at Hereford, Leominster and Ross-on-Wye Health Clinics with shorter periods at Bromyard, Kingstone, Kington and Ledbury. The Junior Training Centre, Adult Training Centre and Uplands Residential School for delicate pupils have also received weekly visits. Pupils at Uplands school continue to be given "sunlight" when recommended by the medical officer.

The following figures show attendances during the year :—

BROMYARD.	Youth Club Room, St. Peter's School	.....	35
HEREFORD.	School Clinics—Gaol Street	..... 1,286	} 1,364
	Ross Road	..... 78	
KINGSTONE.	School Clinic—	.....	91
KINGTON.	Church Hall	.....	86
LEDBURY.	Church Lane	.....	192
LEOMINSTER	School Clinic	.....	229
ROSS-ON-WYE.	School Clinic	.....	1,008
TOTAL			3,005
Attendances—school visits			3,520
Total attendances			6,525
Number of children treated			1,274

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

Lack of stability in staffing the Dental Service and the ever present shortage of staff has again hampered its development, though by the close of the year a significant improvement could be anticipated. For seven months of the year only the principal dental officer and one part-time officer were available, but from November onwards the appointment of another full-time dental surgeon raised the staffing position to the equivalent of 2.4 whole-time officers. This same figure obtained at the close of the previous year.

An analysis of the comings and goings of staff is of some interest. Mr. Bellamy resigned his part-time appointment and disposed of his private practice in January to take up an appointment with the Tasmanian Government. Mr. Phillips who joined us after a period of service in the dental branch of the Royal Navy, resigned in March to engage in general practice in an adjacent county, whilst Mr. Davidson took up his full-time appointment in November after many years in general practice. Considering the staffing problem over the past few years it would appear that the Local Authority Service only engages the attention of the young dental surgeon to a very limited extent.

After some delay, structural alterations to the surgery at Chepstow House, Ross-on-Wye are now well advanced, and modern equipment is being installed. This will greatly enhance the facilities for treatment in this area of the county. It was also decided during the year to improve the equipment specification in one mobile surgery, and this work is nearing completion.

The number of sessions devoted to treatment was 655 which is a drop of 188 over the previous year. The number of sessions worked in mobile surgeries was 412 which gives an indication of their utilisation. Experience shows that fewer broken appointments are encountered when treatment is given in a mobile surgery located in the school playground. This method of providing treatment commends itself to parents, who are relieved of the inconvenience of accompanying their children to a fixed surgery, particularly since so many mothers go out to work these days.

The figures giving details of inspection and treatment carried out by the Authority closely follow the trend of previous years having regard to the number of staff available and the number of sessions worked.

The health education officer and dental staff have continued their efforts in the field of dental health education. Tangible results from this aspect of local authority work will only be apparent on a long term basis, when it is hoped the sporadic results which tend to predominate will give way to more permanent measures on the part of patients.

Dental Inspection and Treatment carried out by the Authority.

ATTENDANCES & TREATMENT.

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First visit	574	648	57	1,279
Subsequent visits	467	989	69	1,525
TOTAL VISITS	1,041	1,637	126	2,804
Additional courses of treatment commenced	—	—	—	—
Fillings in permanent teeth	626	1,878	160	2,664
Fillings in deciduous teeth	511	33	—	544
Permanent teeth filled	564	1,709	146	2,419
Deciduous teeth filled	487	30	—	517
Permanent teeth extracted	55	176	18	249
Deciduous teeth extracted	449	179	—	628
General anaesthetics	85	16	1	102
Emergencies	15	20	2	37
Number of Pupils X-rayed	—	—	—	—
Prophylaxis	8	—	—	—
Teeth otherwise conserved	9	—	—	—
Number of teeth root filled	3	—	—	—
Inlays	1	—	—	—
Crowns	2	—	—	—
Courses of treatment completed	977	—	—	—

ORTHODONTICS.

Cases remaining from previous year	—
New cases commenced during year	9
Cases completed during year	9
Cases discontinued during year	—
No. of removable appliances fitted	7
No. of fixed appliances fitted	2
Pupils referred to Hospital Consultant	1

PROSTHETICS.

Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	—	—	—	—
Number of dentures supplied	—	—	—	—

ANAESTHETICS.

General Anaesthetics administered by Dental Officers	—
--	---

INSPECTIONS.

(a) First inspection at school. Number of pupils	5,673
(b) First inspection at clinic. Number of pupils	452
Number of (a) + (b) found to require treatment	2,382
Number of (a) + (b) offered treatment	2,414
(c) Pupils re-inspected at school clinic	—
Number of (c) found to require treatment	—

SESSIONS.

Sessions devoted to treatment	655
Sessions devoted to inspection	64
Sessions devoted to dental health education	17
412 treatment sessions were worked in the Mobile units	

SCHOOL CLINICS.

Throughout the county there are 3 school clinics situated at the addresses shown below. These clinics are used for the examination of college students, teachers and other staff appointments as well as the special examination of children. Until the end of the Summer Term, 1966, they were used for the treatment of minor ailments but as the casual attendance figures had been slowly falling off for a period of years the Authority decided that as from 22/7/66 the clinics would cease to cater for minor ailments and that all future attendances would be by appointment only.

HEREFORD.	St. Owen Street, Hereford.	
	Monday and Wednesday, 9.30 a.m.—12 noon.	
LEOMINSTER.	Westfield Walk, Leominster.	
	Friday, 10 a.m.—11 a.m.	
ROSS-ON-WYE.	Chepstow House, Ross-on-Wye.	
	Monday, 10 a.m.—11 a.m.	
Total number of attendances at school clinics		298
Number of cases of miscellaneous minor ailments treated by the authority		120

TABLE VII.—DISEASES OF THE SKIN.
(excluding uncleanliness for which see below).

Number of defects treated, or under treatment, during the year.

<i>Type or defect</i>	<i>No. of cases treated</i>
Ringworm :—	
(1) Scalp	—
(2) Body	1
Scabies	—
Impetigo	1
Other skin diseases	25
TOTAL	27

INFESTATION WITH VERMIN.

At the beginning of each term concentrated hygiene inspections were carried out by school health visitors. These are now limited to primary schools with exception of one secondary modern school considered to be in special circumstances.

Total number of examinations in schools	39,086
Total number of pupils found infested	284
Number of Cleanliness orders issued (Education Act 1944, Section 54)	Nil.

Follow up home visits were paid where found necessary.

SCHOOL HEALTH VISITING.

Health Visitors attended one hundred and six sessions in schools to give advice in the care of children, home nursing and first aid.

Courses in these subjects are much appreciated by the school girls and the health visitors are anxious to assist or to advise whenever they are asked by the headteachers.

INFECTIOUS DISEASES IN SCHOOLS.

During the year no schools were closed on account of infectious disease.

TABLE VIII.

This table shows the number of notifications of infectious and other notifiable diseases among children of compulsory school age during the year.

<i>Disease</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Scarlet Fever	25	41	66
Whooping Cough	21	14	35
Acute Poliomyelitis—			
(a) Paralytic	—	—	—
(b) Non-Paralytic	—	—	—
Measles (excluding rubella)	425	347	772
Diphtheria	—	—	—
Acute Pneumonia	2	1	3
Dysentery	15	18	33
Smallpox	—	—	—
Acute Encephalitis—			
(a) Infective	—	—	—
(b) Post-Infectious	—	—	—
Enteric or Typhoid Fever	—	—	—
Paratyphoid Fevers	—	—	—
Erysipelas	—	—	—
Meningococcal infection	—	—	—
Food poisoning	—	—	—
Total notifications	488	421	909

HANDICAPPED PUPILS.

During the year ending 31st December, 1966, the following were newly ascertained as requiring education at Special Residential Schools :—

Blind	<i>Nil</i>
Partially sighted.....	<i>Nil</i>
Deaf	2
Partially Hearing	<i>Nil</i>
Educationally sub-normal	53
Epileptic	<i>Nil</i>
Maladjusted	8
Physically Handicapped	3
Speech defect	<i>Nil</i>
Delicate	11
Multiple Defects	7
	84

During the year a total of 50 Herefordshire pupils were newly admitted to special residential schools and 37 were discharged.

17 boys were admitted to Pudleston Court Special Residential School and 18 (including 2 Worcestershire pupils) were discharged. At the end of the year there were 5 Herefordshire boys due to be considered for places after Easter 1967 although two places will be available in February 1967.

At Uplands Special School 7 boys and 4 girls (Herefordshire pupils) 1 boy from Warwickshire and 1 boy from Solihull were admitted; 3 boys and 2 girls (Herefordshire pupils) and 2 boys from other Authorities were discharged. There were no children on the waiting list at the end of the year although two children with Perthes disease were due to be admitted as day pupils at the beginning of Spring Term 1967.

At Haughton Hall Special Residential School for Educationally Sub-Normal Girls, Shifnal, Salop, where Herefordshire has a quota of places, 6 girls were admitted and 2 were discharged. There were 6 girls waiting to be considered for admission to the school at the end of the year. There was an average of 12 Herefordshire girls attending the school during the year and it is anticipated that this number will increase appreciably during 1967.

TABLE IX.

The number of pupils ascertained is given in the following table which shows the position on 31st December, 1966.

Category	In Special Schools		In Maintained Schools		In Indepen- dent Schools		Not at Schools		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(a) Blind	1	5	—	—	—	—	—	1	1	6
(b) Partially Sighted	2	1	3	3	—	—	1	1	6	5
(c) Deaf	3	2	—	—	—	—	2	—	5	2
(d) Partially Hearing	—	1	23	26	—	—	3	1	26	28
(e) Educationally Sub-Normal	46	18	97	54	—	—	—	—	143	72
(f) Epileptic	—	1	—	1	—	—	—	—	—	2
(g) Maladjusted	13	1	28	28	—	—	1	1	42	30
(h) Physically Handicapped	2	4	6	3	—	—	1	5	9	12
(i) Speech Defect	—	—	250	81	10	4	30	12	290	97
(j) Delicate	13	11	24	25	1	1	3	1	41	38
(k) Multiple Defects	27	9	28	28	1	—	2	—	58	37
TOTAL	107	53	459	249	12	5	43	22	621	329

CASES REPORTED TO LOCAL HEALTH AUTHORITY.

During the past year the undermentioned children were notified :—

Under Education Act, 1944, section 57 (4) 9

For informal supervision after leaving school 26

One decision that a child was unsuitable for education in school was cancelled under Section 57A(2).

CHILD GUIDANCE SERVICE.

The team at the Hereford Child Guidance Clinic for 1965 was :—

Psychiatrist Dr. D. T. Maclay, M.D., D.P.M.
 Psychologist Miss E. A. Bonniface, B.A.
 Social Worker Mrs. M. A. Conium

On waiting list 1/1/66	27
New cases referred.....	181
Old cases re-referred	103
Special surveys or queries at or from school	253
TOTAL	564

Number seen by child guidance team	80
Number seen by educational psychologist at clinic	7
Number seen by educational psychologist at schools, etc.	451
Number who did not attend, etc.	18
Number on waiting list as at 31/12/66	8

TOTAL	564
-------------	-----

Number of attendances at Child Guidance Clinic	926
Number of school visits by educational psychologist	266
Number of home visits by educational psychologists	13

The new patients seen at the Hereford Child Guidance Clinic in 1966 were referred from the following sources :—

School medical officers	17
Schools etc.....	7
Family doctors or hospitals	25
Court, Children's Department, etc.	19
Other	12

TOTAL	80
-------------	----

These children were grouped diagnostically as follows :—

Anxiety, etc.	18
Tics, etc.	1
Psychosomatic, etc.	3
Affectionless children	0
Enuresis	8
Soiling	5
Behaviour Disorder	11
Stealing	10
Sexual Delinquency	0
Other Delinquency	0
Speech Difficulties	4
Backwardness	7
E.S.N.	3
Epilepsy	0
Organic	0
School Phobia or refusal of school	7
Mental Subnormality	1
Others	2

The three-clinic annual conference, covering Herefordshire, Worcestershire and Gloucestershire was held on 19th October, 1966, this time in Worcester.

The number of children under 5 years of age, referred and seen as new cases in 1966 was 6.

The number of cases referred by the Courts for psychiatric report during 1966 was 8.

The work at the clinic is helped by our voluntary association, the Friends of the Child Guidance Clinic. It was only necessary to finance four boys for the Boys' Brigade Camp, held this year at East Runton, Norfolk, but three tired mothers and twelve children were sent for a fortnight's holiday to a Church Army Hostel, at Bexhill on Sea. Holidays were also arranged for three complete families at Clarach Bay, in a chalet generously provided by Lion International Club of Great Britain. In two of these cases there was a physically, as well as an emotionally handicapped member of the family. A seventh family (which included an educationally subnormal boy) had a holiday in Cornwall. This was arranged with the help of the West Cornwall Society for the Mentally Handicapped. Hampers and clothing have been provided, and an outing to the local cinema, followed by tea, took the place of the annual party. Several talks on the child guidance movement have been given by Mrs. Conium to various Women's Institutes and other organizations.

PUPILS WITH SPEECH DEFECTS.

Patients on treatment at beginning of 1966	.....	.....	.....	.....	118
Patients on observation at beginning of 1966	.....	.....	.....	.....	155
New cases treated	.....	.....	.....	.....	81
New cases placed on observation	.....	.....	.....	.....	26
TOTAL					380

Cases discharged after treatment (Speech within normal limits)	.....	46
Cases discharged on leaving school	.....	8
Cases discharged, ceasing to attend	.....	15
Cases discharged on leaving area	.....	10
Cases discharged on refusing treatment	.....	0
Patients on treatment at end of year	.....	119
Patients on observation at end of year	.....	182
TOTAL ATTENDANCES		3,462

Clinical Analysis.

1.	Simple Dyslalia	.....	.....	.....	.....	.....	.....	.....	169
2.	Multiple Dyslalia	.....	.....	.....	.....	.....	.....	.....	44
3.	Stammer	.....	.....	.....	.....	.....	.....	.....	60
4.	Stammer & Dyslalia	.....	.....	.....	.....	.....	.....	.....	5
5.	Cleft Palate	.....	.....	.....	.....	.....	.....	.....	7
6.	Sigmatism	.....	.....	.....	.....	.....	.....	.....	43
7.	Poor Language Development	.....	.....	.....	.....	.....	.....	.....	23
8.	Dyslalia & Mental Defect	.....	.....	.....	.....	.....	.....	.....	16
9.	Dyslalia & Deafness	.....	.....	.....	.....	.....	.....	.....	4
10.	Dyslalia & Hyperrhinophonia	.....	.....	.....	.....	.....	.....	.....	2
11.	Dyslalia & Cerebral Palsy	.....	.....	.....	.....	.....	.....	.....	1
12.	Stammer & Sigmatism	.....	.....	.....	.....	.....	.....	.....	1
13.	Laryngectomy	.....	.....	.....	.....	.....	.....	.....	1
14.	Poor Tone	.....	.....	.....	.....	.....	.....	.....	2
15.	Aphasia	.....	.....	.....	.....	.....	.....	.....	1
16.	Dysphonia	.....	.....	.....	.....	.....	.....	.....	1
									380

During the year clinics have been held weekly in the following centres :—

HEREFORD.	Health Clinic, Gaol St., Hereford.
HEREFORD.	Health Centre, Ross Road, Hereford (since September).
BROMYARD.	Nunwell House, Bromyard.
KINGTON.	Cottage Hospital, Kington.
LEDBURY.	Cottage Hospital, Ledbury.
LEOMINSTER.	Clinic, Westfield Walk, Leominster.
ROSS.	Clinic, Chepstow House, Ross.

Regular visits have been made to the Junior Training Centre and Pudleston Court and Uplands Special Residential Schools.

INDEPENDENT SCHOOLS.

Arrangements have been made with the proprietors of 4 schools not maintained by the authority for the provision of medical inspection and treatment under section 78(2) of the Education Act, 1944.

Number of schools inspected	.....	.....	.....	.....	.....	.....	2
Periodic medical inspections—							
Number of children inspected	.....	.....	.....	.....	.....	.....	61
Number of children found to require treatment—							
for defective vision	.....	.....	.....	.....	.....	.....	19
for any other condition	.....	.....	.....	.....	.....	.....	4
Total individual children	.....	.....	.....	.....	.....	.....	20
Physical condition of the children examined—							
Satisfactory	.....	.....	.....	.....	.....	.....	61
Unsatisfactory	.....	.....	.....	.....	.....	.....	—
Number of children found to require observation	.....	.....	.....	.....	.....	.....	5
Number of special inspections	.....	.....	.....	.....	.....	.....	—
Number of re-inspections	.....	.....	.....	.....	.....	.....	1

EMPLOYMENT OF CHILDREN.

Children of compulsory school age, employed out of school hours, are required to submit to medical examination in order to ascertain that the proposed employment is not prejudicial to their health or physical development and does not render them unfit to obtain proper benefit from their education. During the year 188 children were examined by school medical officers and granted certificates.

SANITARY INSPECTIONS OF SCHOOLS.

When a school medical officer visits a school to carry out medical inspection he prepares a report on the school premises. This includes brief notes on the sanitary arrangements, water supply, washing accommodation, canteen and sculleries, heating, lighting and ventilation. Matters which appear to require attention or investigation are referred to the Director of Education.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS.

Candidates applying for entry to training colleges, university departments of education, and approved art schools are required to submit to X-ray examination of the chest and to a medical examination by a school medical officer of the area in which they live in order to determine their fitness for these courses.

Arrangements are also made for teachers entering the service of the authority to undergo a medical examination, including an X-ray examination of the chest, in order to exclude the possibility of infection.

During the past year the following examinations were carried out by the authority's medical staff :—

Entrants to training colleges, etc.	.....	.....	.....	.....	.....	.....	169
Teachers	.....	.....	.....	.....	.....	.....	106 (1 failed)

DIPHTHERIA IMMUNISATION.

Diphtheria immunisation is offered at routine medical inspections when the child first commences attendance at school at five years of age. The child is given either a full course of three injections or a single reinforcing injection when primarily immunised in infancy. This service is again offered when the child reaches the age of nine years.

Diphtheria immunisation sessions were held at school medical inspections in 99 maintained schools and 1 private school in the area of the local education authority during the year 1966. Notices regarding the service, embodying a form of consent, were forwarded to the parents of 3,671 children in the age group 5 and 9, and treatment at the school was accepted in respect of 2,716 pupils, an acceptance rate of 73.98%. Of these, 246 children had not been previously immunised and were given a full course of injections and 2,716 children were given a single reinforcing injection, including 71 primary immunisations and 197 reinforcing injections administered to children of school age by general practitioners and at school clinics.

The system for re-inforcing injections of diphtheria / tetanus injections continues for those children who received triple antigen as a primary course.

This year 1,786 school children received such re-inforcements.

POLIOMYELITIS VACCINATION.

Work in this field continues as hitherto, both at the clinics and by the family doctors. Health visitors continued to give oral vaccine at home to children unable to attend clinics.

The Primary course of vaccine given by mouth in sugar or syrup involves three doses at four to eight weekly intervals. This vaccine is used also to complete courses started with the injection-type vaccine.

The booster dose of oral vaccine is offered to all children starting school, irrespective of the number of oral doses previously given. For children in the 5—12 age group a fourth booster is available following the three Salk injections course.

Primary Doses. Of the 230 school children given vaccine for the first time, 6 had Salk injectable vaccine and 224 had Sabin vaccine (oral).

Booster Doses. There were 25 children given booster doses of Salk vaccine and 1,547 children have been given booster doses of Sabin vaccine. Of the 25 who had Salk vaccine, 12 were given protection in the form of quadruple injections by their family doctors.

B.C.G. VACCINATION.

B.C.G. vaccination is offered to children aged 13 and upwards provided their parents consent to the initial tuberculin testing and subsequent vaccination of those children with a negative result. School medical officers visit the schools for carrying out the tests and those with a negative result are vaccinated. There is an interval of three to seven days between test and vaccination.

Those children vaccinated in 1965 and still attending school were offered a re-test and those again producing a negative result were re-vaccinated.

This vaccine is safe, prevents the more acute forms of tuberculosis and given protection for upwards of 12 years.

Number offered test, and vaccination if necessary	.....	.....	.....	1,491	
„ accepted	.....	.....	.....	1,272	85.3
„ tested during year	.....	.....	.....	1,095	
„ found to be negative and vaccinated	.....	.....	.....	* 921	84.3
„ found to be tuberculin positive	.....	.....	.....	172	15.7
„ referred to Chest Physician for X-ray	.....	.....	.....	11	
„ vaccinated with B.C.G. in 1965 and re-tested 1966	.....	.....	.....	778	
„ found to be negative and re-vaccinated	.....	.....	.....	65	8.4
„ found to be positive	.....	.....	.....	713	91.6

* This figure does not include two pupils found to be negative but not vaccinated because of active eczema.

PROVISION OF SCHOOL MEALS AND MILK.

3,571,472 meals were provided by the School Meals Service during 1966 and all schools maintained by the Authority were supplied with either pasteurised or tuberculin tested milk daily.

During the year new self-contained canteens were opened at :

Lord Scudamore Infants School
Broadlands C.P.
Hereford High School for Girls
Much Birch C.P. School
Lugwardine R.C. School

Vowchurch canteen/kitchen has closed—the rented premises did not conform to regulations—the school now being supplied with transported meals from Fairfield Secondary School canteen and served on the school premises.

The Authority has continued to improve existing canteens and install hot water systems in sculleries where schools have been connected to the mains water supply.

It is interesting to note that in the case of the High School for Girls a special VI form centre has been built, including a canteen, to supply meals to the VI form girls and based on choice of menu and a pupils snack bar for the pupils own use.

As in past years training courses have been provided for School Meals staff and particular attention has been paid to matters of hygiene. Similarly staff who may have been a health risk and who come into direct contact with food have been referred to the Principal School Medical Officer for examination.

Close attention has been paid to ensure the consistent provision of nutritious, protein-balanced meals in reasonable variety; in certain cases special diabetic, gluten free and reducing diets were also made available. Free meals were awarded, in accordance with Ministry regulation, to approximately 1,800 children.

Meals have again been supplied to the Meals-on-Wheels Service, the Junior and Senior Adult Training Centres and the Special Care Unit and advice on food matters in other establishments under the control of the Authority has been given.

SCHOOL BUILDINGS.

1. Playgrounds.

Repairs have been effected to the playgrounds at 11 schools. Additional tarpaved areas have been provided at 2 schools.

2. Heating.

New stoves and grates have been provided and repairs carried out to existing stoves and grates in 23 schools. Repairs and improvements have been carried out to central heating systems at 23 schools and new boilers have been installed in 4 schools. The heating at 3 schools has been improved by the provision of suspended ceilings.

3. Equipment.

New desks and tables (replacements) have been supplied to 42 schools.

4. General Sanitary Arrangements.

The earth closets at 1 school have been converted into water closets and the installation of water-borne sanitation at another school is in progress.

Improvements have been carried out to the sanitary arrangements at 2 schools and the provision of additional toilets at 1 other school has been authorised.

The cloakroom and washroom arrangements at 5 schools have been improved.

Drains have been overhauled and repaired in 15 schools. 2 schools have been connected to the public sewer.

Mains water has been laid on to 3 schools and 9 other schools are awaiting connection. Appropriate action has been taken to improve the quality of the well water at 3 schools.

5. General.

The new primary schools at Much Birch (4-class) and Broadlands, Hereford (Infants' Department) were occupied on the 6th September, 1966. The new buildings at Lugwardine St. Mary's R.C. Secondary School and the Sixth Form extensions at the Hereford High School for Girls were also occupied on the 6th September, 1966. The new Youth Clubs at Tudorville, Ross-on-Wye, and College Hill, Hereford, were opened on the 30th May, 1966, and 28th October, 1966, respectively. The new Hall/Gymnasium at Ledbury Grammar School was taken into use on the 31st October, 1966. Plans for the provision of new primary schools at Brilley and Luston have been approved. Additional classrooms have been erected at 6 schools and proposals for the provision of additional accommodation and improvements to the sanitary facilities at 2 schools have also been approved. The following projects were started on the dates stated :—

New 4-class primary school at Orleton	.....	.....	.....	8/8/66.
New 5-class primary school at Wigmore	.....	.....	.....	8/8/66.
Leominster Grammar School—Extension of Hall	.....	.....	.....	31/3/66.
Hereford College of Education—second phase of reorganisation scheme	.....	.....	.....	21/3/66.
Hereford College of Art—new premises in Folly Lane	.....	.....	.....	12/12/66.

Repairs have been effected to school floors in 19 cases and new floors have been provided at 7 schools. Renovations have been carried out at 49 schools.

Electricity has been installed in 3 schools and improvements have been effected to existing installations at 8 schools.

PHYSICAL EDUCATION.

It can justly be claimed that the standard of physical education in the Authority's primary and secondary schools throughout the county has been maintained throughout the past twelve months, and it is gratifying to note that the implementation of the primary schools' development plan, which has made an excellent start, will be encouraged further by the recently issued Plowden Committee Report.

At primary level, new schools in the city and in rural areas have provided increased facilities for both indoor and outdoor activities in physical education, and more infant and junior children are now benefiting from modern gymnastic equipment and outdoor playing space which previously had not been available to them. Even the less fortunate rural primary schools are able to participate in inter-school activities which are gaining in popularity year by year, and visits for matches in association football, athletics, rounders, hockey and netball have removed the feeling of rural isolation which was evident in the past. In addition, the introduction of inter-school small-side team games makes a considerable contribution to the fostering of sound group and social behaviour as well as assisting the natural growth and development of the individual child. Rural primary schools once again took full advantage of the arrangements made by the Authority for the provision of swimming instruction, and the programmes conducted at eleven swimming pools—public, private and school—included every school in the county. Despite the rather shorter swimming season this year, higher than average air and water temperatures favoured the teaching of swimming in the outdoor pools, and in the brief nine weeks period no less than 570 rural children were taught to swim. Outdoor learners swimming pools continue to enjoy popularity and the provision of seven more pools are under consideration at individual primary schools.

At secondary level, there has been an intensive programme of courses for both teachers and children in cricket, tennis, hockey, rugby football, netball, association football and educational gymnastics on suitable occasions through the three school terms. As a result of these practical courses in the major games, it is felt that a sound foundation has been provided for the attainment of a higher standard of skills as well as a modern approach to coaching methods. The Educational Gymnastics Course was extremely well supported by the Authority's specialist teachers of physical education, who appeared to appreciate the opportunity of tackling this comparatively new trend. There has been little or no improvement with regard to staffing problems on the girls side, and where shortages appear the work in physical education suffers in consequence. The Physical Education Group continues to thrive, and a most enjoyable and interesting visit was made to the Atlantic College, St. Donat's Castle in South Wales. The Group gained a first-hand experience of the tremendous variety of studies included in the curriculum of this sixth-form College, by no means the least of which was the considerable emphasis placed upon physical education, designed not only to promote physical fitness but also to satisfy the youthful instinct of adventure.

The Herefordshire School's Sports Association continues to do good in an ever-increasing variety of activities. Notable during the past year have been the successful organisation of cross country and athletics championships as well as activities at regional and national levels. An appreciable amount of voluntary endeavour contributes to the successful operation of this Association, and the children benefit greatly from the enthusiasm of the teachers who give up so much of their free time to the efficient conduct of these out-of-school activities.

DOMESTIC SCIENCE INSTRUCTION.

The teaching of good nutrition, wise buying of goods for the home, care of the young and aged, is the basis of the syllabus for Home Economics for the secondary modern and grammar schools in the county. The co-operation of the Health Department with short courses on health education is greatly appreciated by the head teachers, some of the pupils taking the external examination on this subject.

Boys are catered for in the Home Economics Department which often leads to further training at Herefordshire Technical College.

Day release classes to the Technical College and School of Agriculture are now enjoyed by some of the rural secondary schools.

INDEX

	<i>Page</i>
Audiometry	9
B.C.G. Vaccination at School	19
Cases reported to Local Health Authority	15
Child Guidance Service	15
Committee Members	1
Dental Inspection and Treatment	12
Diphtheria Immunisation	18
Domestic Science Instruction	21
Ear, Nose and Throat Defects	8
Employment of Children	18
Eye Diseases, Defective Vision and Squint	8
Handicapped Pupils	14
Independent Schools—Medical Inspection	18
Infectious Diseases	14
Maintained Schools — Medical Inspection	5
Medical Examination of Prospective Teachers	18
Orthopaedic and Postural Defects	10
Physical Education	21
Physiotherapy	11
Principal School Dental Officer's Report	11
Poliomyelitis Vaccination	19
Sanitary Inspection of Schools	18
School Clinics	13
School Buildings	20
School Meals	19
School Milk	19
Skin Diseases	13
Special Schools	14
Speech Therapy	17
Staff	4
Uncleanliness	13